

ISSUE SLIP STAMP (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PA</i>	10385	
O.I.P.E. CLASSIFIER	<i>CD</i>	699168	11-399
FORMALITY REVIEW		69916	11-10-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Original	05-03
Final	17-09
1	22-03
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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